

**PUBLIC DISCLOSURE COMMISSION**

711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111
TOLL FREE 1-877-601-2828
EMAIL: pdcc@pdcc.wa.gov

PDC FORM

F-1SUPPLEMENT
(1/15)

100890182

SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

04-15-2019

PROVIDE INFORMATION FOR YOURSELF, SPOUSE, REGISTERED DOMESTIC PARTNER, DEPENDENT CHILDREN AND OTHER DEPENDENTS IN YOUR HOUSEHOLD

Last Name	First	Middle Initial	DATE
SAWANT	KSHAMA		2019-04-15

A**OFFICE HELD, BUSINESS INTERESTS:**

Provide the following information if, during the reporting period, you, your spouse, registered domestic partner or dependents

- (1) were an officer, director, general partner, trustee, or 10 percent or more owner of a corporation, non-profit organization, union, partnership, joint venture or other entity; and/or
- (2) were a partner or member of a limited partnership, limited liability partnership, limited liability company or similar entity, including but not limited to a professional limited liability company.

- Legal Name: Report name used on legal documents establishing the entity.
- Trade or Operating Name: Report name used for business purposes if different from the legal name.
- Position or Percent of Ownership: The office, title and/or percent of ownership held.
- Brief Description of the Business/Organization: Report the purpose, product(s), and/or the service(s) rendered.
- Payments from Governmental Unit: If the governmental unit in which you hold or seek office made payments to the business entity concerning which you're reporting, show the purpose of each payment and the actual amount received.
- Payments from Business Customers and Other Government Agencies: List each corporation, partnership, joint venture, sole proprietorship, union, association, business or other commercial entity and each government agency (other than the one you seek/hold office) which paid compensation of \$12,000 or more during the period to the entity. Briefly say what property, goods, services or other consideration was given or performed for the compensation.
- Washington Real Estate: Identify real estate owned by the business entity if the qualifications referenced below are met.

ENTITY NO. 1Reporting For: Self ☐ Spouse ☒Registered Domestic Partner ☐ Dependent ☐**LEGAL NAME:**

15 Now

POSITION OR PERCENT OF OWNERSHIP

Officer

TRADE OR OPERATING NAME:

15 Now

ADDRESS:

PO Box 20681

Seattle

WA 98102

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

Activist organization to raise the minimum wage to \$15/hr

PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:

Purpose of payments

Amount (actual dollars)
\$**PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE:**

Agency name:

Purpose of payment (amount not required)

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE

Customer name:

Purpose of payment (amount not required)

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel):

Check here ☐ if continued on attached sheet**CONTINUE PARTS B AND C ON NEXT PAGES**

FOOD TRAVEL SEMINARS

F-1 Supplement

Name SAWANT, KSHAMA

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C FOOD TRAVEL SEMINARS Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse, registered domestic partner or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion, excluding certain receptions as defined in WAC 390-20-020A; 2) Travel occasions; or 3) Seminars, educational programs or other training.

Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)
11-24-2018	Socialist Alternative NYC NY	Travel: Kshama and Calvin to Belgium for CWI Conference on	\$ \$1630.46	A
10-22-2018	Socialist Alternative NYC NY	Travel: Kshama and Calvin to Chicago for SA National	484.80	A
03-28-2018	Sozialistische Alternative Berlin DE	Travel: Kshama to Berlin for Socialism Conference	991.23	A
03-01-2018	Socialist Alternative NYC NY	Travel: Kshama and Calvin to Minneapolis for SA National	553.20	A
11-08-2018	Socialist Party of England London UK	Travel: Kshama to London for Socialism Conference	1,003.63	A
04-11-2018	Socialist Party of Ireland Dublin Ir	Travel: Kshama to Dublin for ROSA Conference	912.82	A
Check here <input type="checkbox"/> if continued on attached sheet				

PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828		PDC FORM <div style="font-size: 2em; font-weight: bold;">F-1</div> (1/15)		PERSONAL FINANCIAL AFFAIRS STATEMENT		PDC OFFICE USE 100890182													
Refer to instruction manual for detailed assistance and examples. Deadlines: Incumbent elected and appointed officials -- by April 15. Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position.				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">DOLLAR CODE</th> <th style="text-align: left;">AMOUNT</th> </tr> <tr> <td>A</td> <td>\$1 to \$4,499</td> </tr> <tr> <td>B</td> <td>\$4,500 to \$23,999</td> </tr> <tr> <td>C</td> <td>\$24,000 to \$47,999</td> </tr> <tr> <td>D</td> <td>\$48,000 to \$119,999</td> </tr> <tr> <td>E</td> <td>\$120,000 or more</td> </tr> </table>		DOLLAR CODE	AMOUNT	A	\$1 to \$4,499	B	\$4,500 to \$23,999	C	\$24,000 to \$47,999	D	\$48,000 to \$119,999	E	\$120,000 or more	Covers: 2018 Received: 04-15-2019	
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SEND REPORT TO PUBLIC DISCLOSURE COMMISSION																			
Last Name First Middle Initial SAWANT KSHAMA			Names of immediate family members, including registered domestic partner. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse or registered domestic partner. See F-1 manual for details.																
Mailing Address (Use PO Box or Work Address) 112 28TH AVE S City County Zip + 4 SEATTLE KING 98144			Calvin Priest SP																
Filing Status (Check only one box.) <input checked="" type="checkbox"/> An elected or state appointed official filing annual report <input type="checkbox"/> Final report as an elected official. Term expired: _____ <input type="checkbox"/> Candidate running in an election: month _____ year _____ <input type="checkbox"/> Newly appointed to an elective office <input type="checkbox"/> Newly appointed to a state appointive office <input type="checkbox"/> Professional staff of the Governor's Office and the Legislature			Office Held or Sought Office title: CITY COUNCIL MEMBER _____ County, city, district or agency of the office, name and number: CITY OF SEATTLE Position number: _____ Term begins: 01-01-2016 ends: 12-31-2019																
1 INCOME List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family member, including registered domestic partner, received \$2,400 or more during the period. Include stock options received during the reporting period that had a value of \$2,400 or more. (Report interest and dividends in Item 3 on reverse)																			
Show Self (S) Spouse (SP/DP) Dependent (D)																			
Name and Address of Employer or Source of Compensation City Occupation or How Compensation Was Earned Amount: (Use Code)																			
City of Seattle City Council member Was Earned E PO Box 34025 WA 98124-4025 SEATTLE Socialist Alternative Political Organizer C 1027 Grand St Studio B2 Brooklyn NY 11211																			
Check Here <input type="checkbox"/> if continued on attached sheet																			
2 REAL ESTATE List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$12,000 in which you or a family member, including registered domestic partner, held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.)																			
Property Sold or Interest Divested		Assessed Value (Use Code)	Name and Address of Purchaser		Nature and Amount (Use Code) of Payment or Consideration Received														
Property Purchased or Interest Acquired			Creditor's Name/Address	Payment Terms	Security Given	Mortgage Amount - (Use Code) Original Current													
All Other Property Entirely or Partially Owned King; 112 28th Ave S, Seattle, WA 98244 Check here <input type="checkbox"/> if continued on attached sheet		E	Caliber Home PO Box 24610 Oklahoma City OK 73124		30 years at 3.75%	Down Payment	E E												

CONTINUE ON NEXT PAGE

3**ASSETS / INVESTMENTS - INTEREST / DIVIDENDS**

List bank and savings accounts, insurance policies, stock, bonds and other intangible property (including but not limited to stock options) held during the reporting period.

A. Name and address of each bank or financial institution in which you or a family member, including registered domestic partner, had an account over \$24,000 any time during the reporting period.	Type of Account or Description of Asset	Asset Value (Use Code) C	Income Amount (Use Code) 0
PO Box 19340 Seattle WA 98109	Checking		
B. Name and address of each insurance company where you or a family member, including registered domestic partner had a policy with a cash or loan value over \$24,000 during the period. Standard Insurance Company 10900 NE 8th St Seattle WA 98004	Life Insurance	E	0
C. Name and address of each company, association, government agency, etc. in which you or a family member, including registered domestic partner, owned or had a financial interest worth over \$2,400. Include stocks, bonds, ownership, retirement plan, IRA, notes, stock options, and other intangible property. If you, your spouse, registered domestic partner and/or dependents had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount. EXAMPLE: If you self directed an investment account, identify each stock or other asset in that account.			

Check here ☒ if continued on attached sheet.

4**CREDITORS**

List each creditor you or a family member, including registered domestic partner, owed \$2,400 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in Item 2.

**AMOUNT
(USE CODE)**

Creditor's Name and Address	Terms of Payment	Security Given	Original	Present
Boeing Employees Credit Union P.O. Box 97050 Seattle WA 98124	5-year loan	2016 Honda Fit	B	A
Salal Credit Union PO Box 19340 Seattle WA 98109	4.25%	House	C	C

Check here ☐ if continued on attached sheet.

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All filers answer questions A thru D below. If the answer is YES to any of these questions, the F-1 Supplement must also be completed as part of this report. If all answers are NO and you are a candidate for state or local office, an appointee to a vacant elective office, or a state executive officer filing your initial report, no F-1 Supplement is required.

Incumbent elected officials and state executive officers filing an annual financial affairs report also must answer question E. An F-1 Supplement is required of these officeholders unless all answers to questions A thru E are NO.

- A. At any time during the reporting period were you, your spouse, registered domestic partner or dependents (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company? X If yes, complete Supplement, Part A.
- B. Did you, your spouse, registered domestic partner or dependents have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? If yes, complete Supplement, Part A.
- C. Did you, your spouse, registered domestic partner or dependents own a business at any time during the reporting period? If yes, complete Supplement, Part A.
- D. Did you, your spouse, registered domestic partner or dependents prepare, promote or oppose state legislation, rules, rates or standards for current or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? If yes, complete Supplement, Part B.
- E. **Only for Persons Filing Annual Report.** Regarding the receipt of items not provided or paid for by your governmental agency during the previous calendar year: 1) Did you, your spouse, registered domestic partner or dependents (or any combination thereof) accept a gift of food or beverages costing over \$50 per occasion? or 2) Did any source other than your governmental agency provide or pay in whole or in part for you, your spouse, registered domestic partner and/or dependents to travel or to attend a seminar or other training? X If yes to either or both questions, complete Supplement, Part C.

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

- ☐ I hold a state elected office, am an executive state officer or professional staff. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.
- ☒ I hold a local elected office. I have read and am familiar with RCW 42.17A.555 regarding the use of public facilities in campaigns.

*CANDIDATES: Do not use public agency addresses or telephone numbers for contact information.

CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.

Kshama Sawant 04-15-2019
Signature Date

Contact Telephone: (206) 684 8016 *
Email: kshama.sawant@seattle.gov (work)*
Email: _____ (Home) Optional

REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATURE

INSURANCE CONTINUED

F-1

3ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

B. Name and address of each insurance company	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
Hartford AD&D Insurance 690 Asylum Avenue HartfordCT06155	AD&D	E	0
Check here <input type="checkbox"/> if continued on attached sheet.			